9/		1.	FOR STATE	a-22a F1	Im G550	DEPARTMENT			L HYGIENS	1	1 8	5	3 6
		1.	REGISTRAR		ME	DICAL EXAM	AINER'S	CERTIFICATE	OF DEATI	H REG.	NO.		
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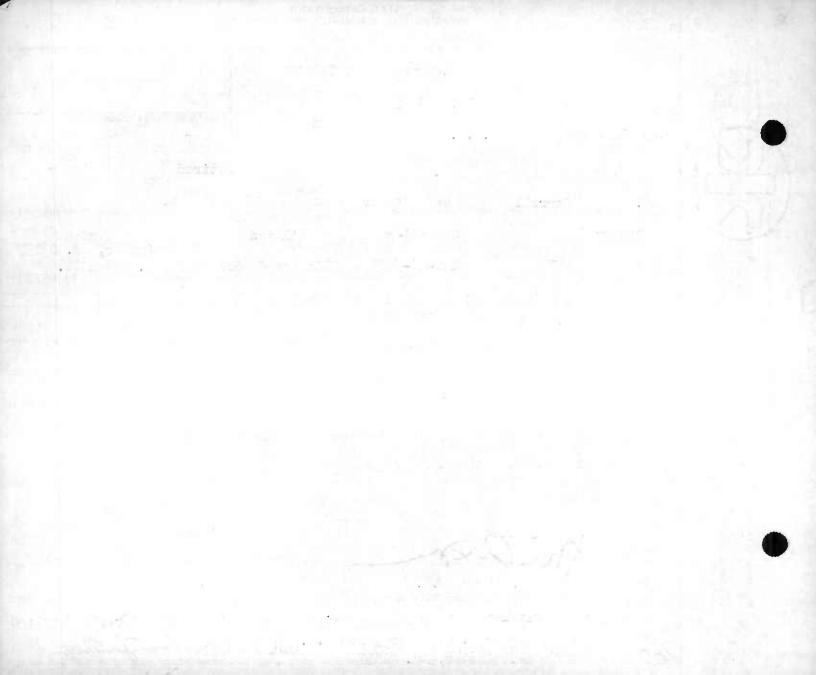
STATE OF MARYLAND

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AND 2 1, 24 h filled fould E	13a. S	TATE	COUNTY	13c. C11	Y OR TOWN	134 INSIDE CITY L		e. STREET ADDRESS		n a	
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	3. SEX		nite	S. DATE OF BIRTH MONTH DAY August	30,1918 62			DURS MIN.	2c. DATE PRONOUNCED DEAD	MONTH 7	11 ₁₉	81 p M
35	Č		unty	76. CITIZEN OF V	•A •	8. MARE	HED ANEVER	MARRIED [9. BALTIMORE CI	_	NTY OF DEA	
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SAFTER DEATH, IF ANY DE GIVE PAGES 1, 2, AND 37 (GIVE PAGES 1, 2, AND 37 (GIVE PAGES 1 AND 2 SHOULD PAGES 1 AND 2	130 S	al residence (# in tate Md •	136 COUN	ITY	GIVE RESIDENCE BEFORE ADMI 136. CITY OR TOWN NEW WINC	1	13d INSIDE CITY LI	IMITS? 13. ST 10 □ 218	Main St.			
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. 21201 EXAMMER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF ANY DEL CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN ITEM 18. GIVE PAGES 1, 2, AND 310 JUD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PM 3. RETAIN DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIAL TRANSIT PERMIT. PAGES 1 AND 2 SHOULD BE WITH THE STATE DEPARTIMENT OF HARLTH AND MENTAL HYGIERE, DIVISION OF WITALRECORDS. AARYLAND, 21201 PRIQR TO BURIAL, CREMATION, OR REMOVAL.	NO	Canditions, if gove rise to couse (a) state lying cause la	immediate ing the <u>under</u> st.	(b) DUE TO, O	OR AS A CONSEQUENCE OR AS A CONSEQUENCE H RUT HOT RELATED TO THE TO TO LISM	E OF	E DR CONDITION GIVI	EN IN PART 1 (0).				
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G THE W TO THE WHOULD B	ICAL CE	210. EXTERNAL CAUNDERLYING CONTRIBUTING	OR CAUSE OF	DEATH P.	M. MONTH DAY YE M. 19	AR		CURRED (ENTER	NATURE OF INJURY IN ITE	M 18 PART 1 OR P	ART 2)	
THIS CER WARDED WARE 3 S PAGE 3 S TATE DEF	MED	21d. INJURY OCCU	MORK C		OF INJURY (AT HOME, CTORY, FARM, ETC.)		CATION		CITY OR TOWN	C	OUNTY	STATE
# # # # # # # # # # # # # # # # # # #		220. I certify the death resulted fro ACTUAL SIGNATURE		ge of the remains di	Accident ,	Suicide	, Hamicide	IFY)	Inquiry, termined manner	and in my o	7 1/	2-81
TO MEDIC EXECUTE: PAGE 4 S TO FUNEI BALTIMOI	230 B	EXAMINER'S NAM (TYPE OR PRINT)		n M. Dixo	on, M.D.	EAAFTEDV /	ADDRESS	11 Penr				
BP	(:	Buria UNERAL DIRECTOR		7-15-81	lvergree	n Mem	orial Ga			Car	UNTY TOLL M	state laryland
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\$	1	FOR - STATE REGISTRAR		STATE OF MARYLAND T OF HEALTH AND MENTAL HYO ERTIFICATE OF DEATH	GIENE 8 REG. NO.	8 5 1 0
Acce be the control of the control o		CEASED NAME FIRST Flor		Bonneville	20 DATE OF DEATH MONTH	21 81 1920 M
Poge 4 mo		emale	White	Date of Birth Jählary 30, 1911	6. AGE (IN YEARS LAST BIRTHDAY) 70 YRS	
deoth. Po	F Ca	irthplace istate or foreign ountry) County	U.J.A.	MARRIED NEVER MARRIED DIONED DIONED	9. BALTIMORE CITY <u>OR</u> COUN	Carroll MD.
201 rrs ofter a by the f filed with	C W	ITY OR TOWN OF DEATH	NAME OF HOSPITAL, NURSING H	Meral Hospital	(TYPE OF WORK FOR MOST OF WORKING	12b. KIND OF BUSINESS OR INDUSTRY CO.
AND 21:	5 1	ryland Carr	I HER INSTITUTION, GIVE RESIDENCE BEFORE AD 134. CITY OF TOWN JESTMINSTE	13d INSIDE CITY LIMITS?	13. STREET ADDRESS 21 Monroe Str	reet
mARYL ompletely ompletely 1 and 2 s	20	ATHER'S NAME Adam	Martin	Is mother's maiden na Irene	MIDDLE	Aüts
BALTIMORE, cate be execuy sicion and compers. Pages 1 vol. well.		NAS DECEASED EVER IN U.S. A YES, NO OR UNKNOWN) (IF YES, G	RMED FORCES? 16b SOCIAL SECURITY WE WAR OR DATES) 213-05-12		address 848 d Clendaniel We	Faiffield Ave.
, 201 W. PRESTON ST., res that the death certific ned by the attending phyplease remove carbana purial, remainar, or removial, remainar, or removery, or other traumatic ever	NO	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEQUENCE (c)	ena of cur	MINAL DISEASE OR CONDITION O	BETWEEN ONSET AND DEATH STORY OF THE PROPERTY
ECO Dw r Dw r Dw r Drior	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH OP	ERATION WAS PERFORMED		YES, WERE FINDINGS USED THEY ING CAUSES OF DEATH? YES NO NO
OF VI	7	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER, NOTIFY MEDICAL EXAMINE	HOUR A.M. MONTH DAY P.M.	YEAR 19	RRED (ENTER NATURE OF INJURY IN ITEM I	8, PART 1 OR PART 2)
VISIO G Ph orth ond ond ked o	MEDICAL	214 INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM	. ETC.) 21f. LOCATION STREET	CITY OR TOWN	COUNTY STATE
R ATTENDIA haspital or RECTOR: A ned for use ipt. of Heal		saw the deceased alive of	pital) attended the deceased from 19 10 11 10 11 10 10 10 10 10 10 10 10 10	7/10/, 19 Production of the control	death occurred on the date and h	nour and from the causes stated 22c. DATE SIGNED
by the		224. PHYSICIAN'S NAME (TYPE	cel Atm.	TO ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIAN	1/2/1/21
TO HOSP retained TO FUNE should be with the S. IMPORTA	23a.	BURIAL, CREMATION, REMOVA		AE OF CEMETERY OR CREMATORY	23d. LOCATION CITY OR JOWN	county 21/84
BP		Burial WHERAL DIRECTOR WINE Flitch	7-24-81 West Thomas D. Fletcher 254 Fast Mainster, Mdt. 2	minster Cemetery & Son F.H. 1250 DA	Westminster TE REC'D. BY REGISTRAR 756. REG	Carroll Maryland ISTRAR'S SIGNATURE

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21 Monroe Street

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3/3-05-/25/ Mrs. Richard Clendaniel Westmir

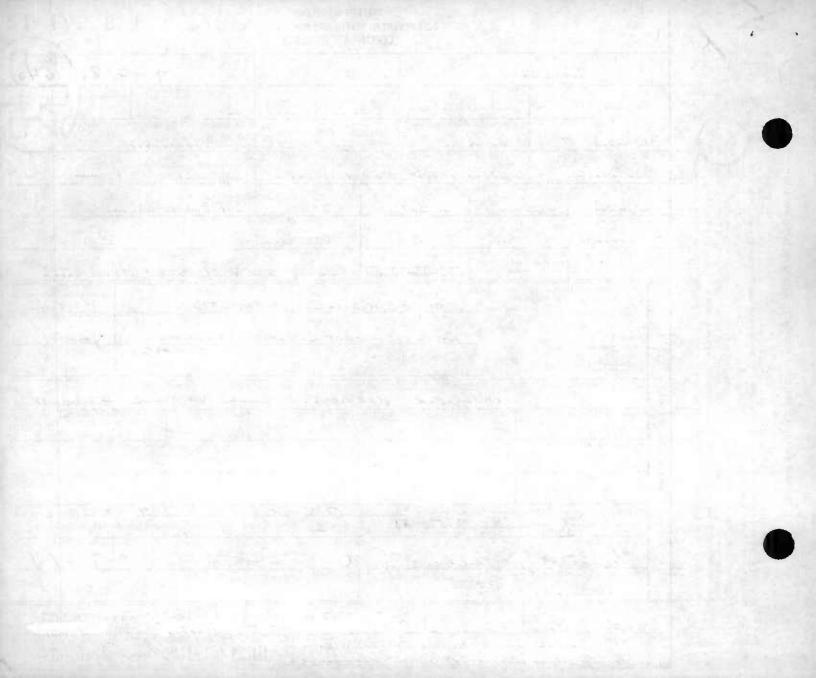
TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and comparing should be detached for use as the busiol-transit permit. Then please remove corbonopoless-Pages | and 2 th with the State Dept. of Health and Anntal Hygiene prior to buriol, cremation, or removal. MPORTANT: If them 21 is marked or them 18 shows any injury, or other traumatic event, the medical and STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1.	FOR STATE REGISTRAR		DEPART		EALTH AND MENTAL H	YGIENE 8 REG.	NO	8 5	
		CEASED NAME FIRST		MIDDLE		A51	2a. DATE OF DEATH	MONTH	DAY YEAR	2b HOUR
	(TYPE	Elizabe	eth		Во			7	9 81	1640M
	3. SE.		4. RACE		5. DATE C		6 AGE (IN YEARS LAST	SIRTHDAY)	MONTHS DATE	
	10.	Female	Cauca	sian	Marc		81	YRS	MONTHS. DAYS	HOURS MIN.
	7a. BI	IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8		9 BALTIMORE CITY		Y OF DEATH	
5		aryland	U. S.	. A.	WIDOWE	DINEVER MARRIED	7 11	Count	7.1	***
		ITY OR TOWN OF DEATH				OR OTHER INSTITUTION	120 USUAL OCCUPA		e/	OF BUSINESS OR
0		estminster	Carrol		Gener	al Hospital	Homemake		INDUSTRY	
35	13a S Mc		inty	13c. CITY OR TOW Mt. Air	N	13d. INSIDE CITY LIMITS?	130 STREET ADDRES	er Ave	nue	
	14 FA	ATHER'S NAME	MIDDLE	LAST		15. MOTHER'S MAIDEN N	NAME MIDDLE			
00		William	A.	Cole		Josephin	e		Pape	AST
1	léa V	WAS DECEASED EVER IN U.S. A		166 SOCIAL SECU	IRITY NO.	17 INFORMANT	ADD	RESS		
	- "	yes, no or unknown) (if yes, G	IVE WAR OR DATES)	572-05-3	1618D	Charles Se	aton 107 Fl	ower A		
		18 CAUSE OF DEATH Enter of PART I. DEATH WAS CAUS	inly one couse per	line for (a), (b), on	dicil				BETWEEN	XIMATE INTERVAL
			TE CAUSE (o)			DIAL IN	FARCTION	1	1	HOUR
		4100	DUE TO, O	R AS A CONSEQUE	NCE OF					
	50	Conditions, if ony, which	((b)_	ARTER	10201	EROTIC CHA	DIO VASCULI	on	VE	PRI
		gove rise to immediate couse (a), stating the underlying couse last	DUE TO, O	r as a conseque	ENCE OF		DISC.	eus E		
		PART 2 OTHER SIGNIFICANT	CONDITIONS CO	ONTRIBUTING TO E	DEATH BUT	NOT RELATED TO THE TEL	RMINAL DISEASE OR CO	NDITION GI	VEN IN PART 1	10
	o N			LTIPLE			REBRAL VAS			DENTS
2	CERTIFICATION	190 DATE OF OPERATION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?	IN CERTI	S, WERE FIND	INGS USED S OF DEATH?
<u></u>	ERT	21a ACCIDENT WAS UNDERLYING	21b. TIME C	E INTUIDY		Tale HOW INTERPROCES	YES NO		ES 🗌	но 🗆
7		OR CONTRIBUTING CAUSE OF DE		M. MONTH DA	YEAR	ZIE HOW INJURY OCCU	JRRED (ENTER NATURE OF IN	JURY IN ITEM 18	PART I OR PART 2)	
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	MED	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	216 PLACE (AT HOME STI	OF INJURY REET FACTORY, OFFICE, F	ARM, ETC)	211 LOCATION STREET	CITY OR	TOWN	COUNTY	STATE
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		22b. SIGNATURE	of) view the body	differ death		DEGREE			22c. DATE	E_SIGNED
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DHMH - 16 50M 1/81 (VRA 15, 4)

TO HOSPITAL OR ATTENDING PHYSICIAN. The low retained by the hospital or attending physician.



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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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	saw the dec	eosed alive on e) (did) (did not) v	iew the bady o	ofter death.	, 01	nd that in (my) (aur) apinion	death accurred on the	ne date and	hour and	from the	couses stated
	226. SHONATURE					DEGREE			2	2c. DATE	SIGNED
	Colw	reduce	du N	organ	Pr	MD ATTENDING PHYSICIAN	MEDICAL DIRECTOR PH	STAFF YSICIAN [71.	7/87
	22d. PHYSICIAN	S NAME (TYPE OF PR	INT)	0		220. ADDRESS	i. Cr i.	INT	-AA . A	IcT	150 MS

DHMH - 16 25M (VR A 15 (4)) 9/74

TO FUNERAL DIRECTOR:

TO HOSPITAL OR ATTENDING PHYSICIAN: The law

should be detached for use as the burial-transit permit. Then please remave carbanages with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal

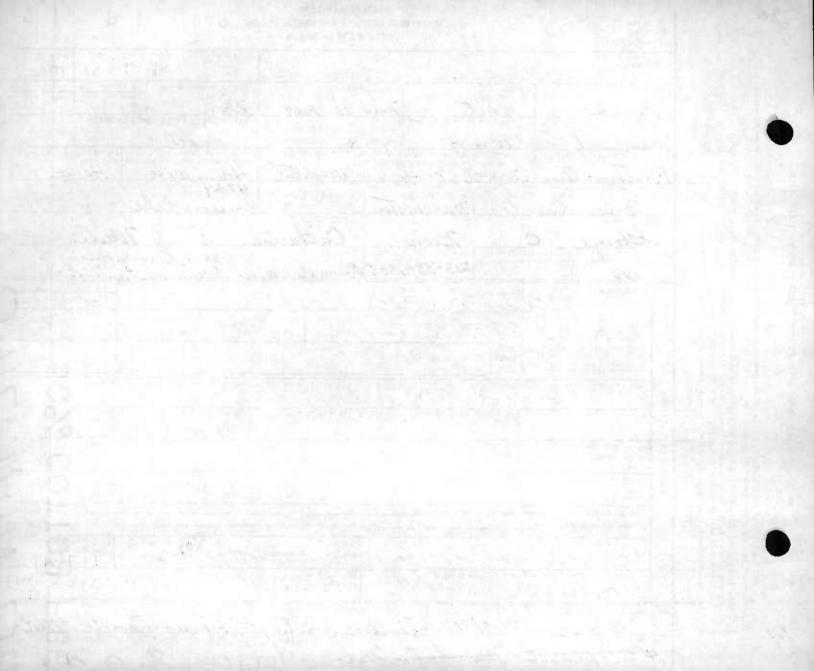
MPORTANT: If Item 21 is marked ar Item 18 shaws any

24 FUNERAL DIRECTOR

230. BURIAL, CREMATION, REMOVAL 23b. DATE

23c NAME OF CEMETERY OR CREMATORY

23d. LOCATION



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STATE OF MARYLAND

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	1	FOR - STATE	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HY	GIENE 8 1	8 5 2 1			
	1	REGISTRAR		CERTIFICATE OF DEATH	REG. NO.				
m c		CEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR			
ay be		Ralph	Benson	Eckard	7-2	4-81 0034 4			
E D D	3 SE	Х	4 RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS			
ge 4 mo	18	male	white	1 23 08	73 YRS	MONTHS DAYS HOURS MIN.			
8 60	70 B	IRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY		9 BALTIMORE CITY OR COUNTY OF DEATH				
eoth nero		Md	USA	WIDOWED DIVORCED	Carroll				
he funeral within 72	10 C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)		126 USUAL OCCUPATION 126. KIND OF BUSINESS OR				
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+ 105 =		cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQU	ENCE OF	entiliar.				
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equires tho in signed by Then pleas r to burial, injury, or of	Z	TAKT 2 OTTEK SIGNII TEANT C	CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM	VINAL DISEASE OR CONDITION GIV	EN IN PART ITO			
been been prior ony ii	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	20e AUTOPSY? 20b. IF YE	S, WERE FINDINGS USED			
he lo an. has perre ene p	E				IN CERTIF	YING CAUSES OF DEATH?			
F .0 5 2 9 42 -	ER	710. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM IB I				
SICIAN: ng phys certifica urial-frai fental Hy frem 18		OR CONTRIBUTING CAUSE OF DEA		AY YEAR					
HYSK Iding Is ce burid Men Ann	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER	P.M. 21e PLACE OF INJURY	19 211. LOCATION					
	M	WHILE NOT WHILE	(AT HOME STREET, FACTORY OFFICE		CITY OR TOWN	COUNTY			
DING P or after the as the olth one marked		21 110111	al) attended the decorred from	73-108	7-96-	1081			
TTEN TOR: for us of He	100	270.1 certify that (1) (this hospital) attended the deceased from							
REC PPT.		above, (1) (we) (did) (did not	view the body after death.	DEGREE		22c. DAJE SIGNED			
F C C C		talistra.		A . ATTENDING	MEDICAL STAFF	12/25/1			
E Soe E P		22d. PHYSICIAN'S NAME (TYPE OF	vous voyans	PHYSICIAN L	DIRECTOR PHYSICIAN	11101101			
00 205 0		PLATRACHT	DULLARA	Inte & Ma	un st. westing	ingle 11)2115			
TO He should with With MPO	-	ICHII RACUE	DUNACANA	A					
	730	BURIAL, CREMATION, REMOVAL	23h DATE 23c	NAME OF CEMETERY OR CREMATORY	23d LOCATION	279 in			
BP	24.5	UNERAL DIRECTOR	1/24/81	ecunity mices	AS CATINSUS I	700 PU			
DHMH - 16 50M 1/B1 (VRA 15, 4)	14 1	DINEKAL DIRECTOR	ADDRESS	1.1. 8 1250 DAT	9 0 1001	7 7 5			
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20 DATE OF DEATH 26 HOUR THRE OF FEMALE Nellie 6:301 IF UNDER I YEAR IF UNDER 24 HR DAYS BALTIMORE CITY OR COUNTY OF DEATH ALE OF FIDERION DIVORCED [WIDOWED 126 KIND OF BUSINESS OR etARI 4. PATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE ADDRESS WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO O UNKNOWN) (IF YES, GIVE WAR OR DATES) ondson. JR. 18 CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c) PART I. DEATH WAS CAUSED BY Diabetes Mellitus, coronary artery disease, 10 vears IMMEDIATE CAUSE IO DUE TO, OR AS A CONSEQUENCE OF ASHD with arrhythmias, chronic bronchitis, Canditions, if any, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying cause last cardiac arrest PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20b. IF YES, WERE FINDINGS USED 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOS 210 ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 214 INJURY OCCURRED 211 LOCATION 21e PLACE OF INJURY AT HOME STREET, FACTORY, OFFICE, FARM, ETC.)

IN DATE OF OPERATION

CITY OR TOWN 98

COUNTY

sow the deceased alive an above, (I) (we) (did) (did not) view the bady after death.

24 FUNERAL DIRECTOR

WHILE

- STATE

1-5EX

DEGREE

23c NAME OF CEMETERY OR CREMATORY

.956

ATTENDING

MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN

, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated

22c. DATE SIGNED 7-21-81

22d. PHYSICIAN'S NAME LITYPE OF PRINTS

NOT WHILE

Howard E. Hall, M.D., P.A.

22a | certify that (I) (this hospital) attended the deceased from

22e ADDRESS

PO Box 318

Sykesville, Md. 21784

BP		

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90

DHMH - 16 50M 1/B1 (VRA 15, 4)

0

230 BURIAL CREMATION, REMOVAL 23b DATE (SPECIFY)

LAKE VIEW

23d LOCATION CITY OF TOWN ELDERSBURG

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FOR - STATE

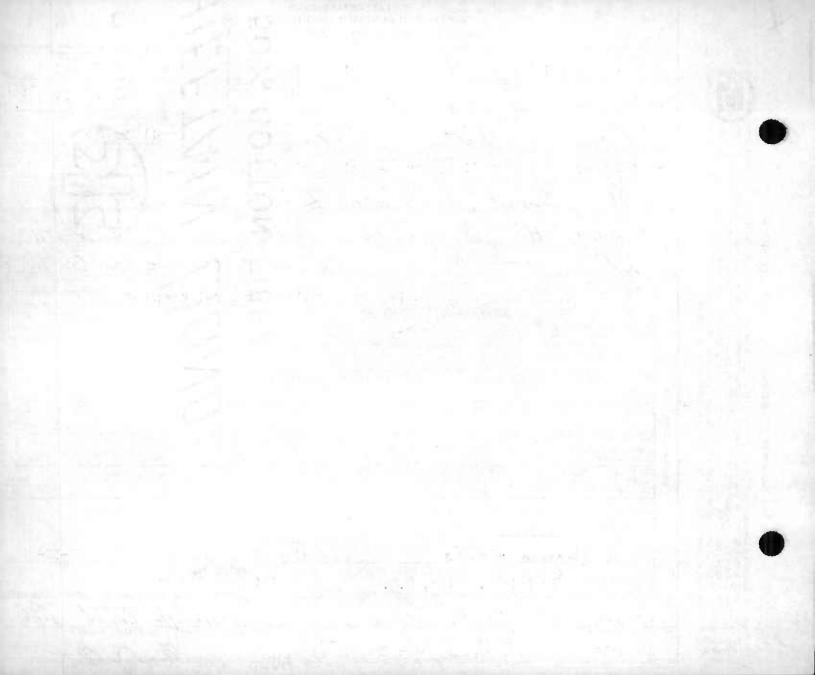
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

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		-9:22	

-1	FOR	DEDARTAGE	STATE OF MARYLA		ter 1	0 .	0 1
1	STATE REGISTRAR		NT OF HEALTH AND W AMINER'S CERTIFI		ATH	0 .5	2 4
	DECEASED NAME FIRST	MIDDLE	LAST		20. DATE KNOWN		YEAR Zb. HOUR
	Harri		Falkenst		OF ESTI-	7 29 18	
	Female White		GE (IN YEARS IF UNDER 1 YR. AST BIRTHDAY) MONTHS DAYS	HOURS MIN.	PRONOUNCED DEAD	7 29 1d	81 7:41 D. M
-	BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUNTRY	8 MARRIED N	EVER MARRIED	9 BALTIMORE CITY O		
10	mol	USA	WIDOWED 🙈	DIVORCED	Carroll		MD
10	Westminster	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET Carrol County		FOR	UAL OCCUPATION (TYPE MOST OF WORKING LIFE)	OR IN	NDUSTRY
	UAL RESIDENCE I IF IN NURSING HOME STATE		RE ADMISSION)	1/1	COUNT ANT	- 1 01	_
	18 C	woll west	MIDSTER YES	L NO []	30 LOCK	57 57	
1"	FATHER'S NAME	MIDDLE VILLE T	1 Hee 15. MOTH	HER'S MAIDEN NAME	E MIDDLE	LAST	^ 7 /
Ióa	WAS DECEASED EVER IN U.S. AI	RMED FORCES? 16b. SOCIAL	SECURITY NO. 17. INFOR	RMANT.	ADDRESS	GRIFT	1/1
L	NO THES. GIV	E WAR OR DATES)	Will	KAM TA	Kenstipe	1040 OR	KDRica
	18 CAUSE OF DEATH (Enter of PART I DEATH WAS CAUS	anly ane cause per line far (a), (b), and		1 1. 0		BETWEEN	DXIMATE INTERVAL NONSET AND DEATH
	41129 IMMEDIA	ATE CAUSE (a) Hypertens	sive Arterioso	clerotic C	ardiovascul	ar	
	Canditians, if any, which	h				C (0.00)	
	gave rise to immediat cause (a) stating the under lying cause last.	10			7.74		
		(c)					
2		AS CONTRIBUTING TO OEATH BUT NOT RELATED T	D THE TERMINAL DISEASE OR CONDITION	ION GIVEN IN PART 1 (0)			
CEPTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR WHI	CH OPERATION WAS PERFO	DRMED?		20 AUT	OPSY?
) jair						YES	NO [
		216 TIME OF INJURY HOUR A.M. MONTH DA	Y YEAR 21c HOW INJUR	RY OCCURRED (ENTER	NATURE OF INJURY IN ITEM 18 P	PART I OR PART 2)	1111
MEDICAL	CONTRIBUTING CAUSE OF	21e PLACE OF INJURY (A	19 THOME, 211 LOCATION				
ME	WHILE NOT WHILE AT WORK	STREET, FACTORY, FARM, ETC.)	STREET		CITY OR TOWN	COUNTY	STATE
	220 I certify that I taak char	rge of the remains described above, h	reld an Autapsy X,	Inspection .	Inquiry , an	nd in my apinian	
	death resulted fram: Nati	ural causes X. Accident	, Suicide , Ham	under	termined manner .		
	ACTUAL 1	La Landa		(SPECIFY) sistant MFD		DATE 7.	-30-81
	SIGNATURE MACIA	ne Car	M.D	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	DICAL EXAMINER	SIGNED	20-01
1	(TYPE OR PRINT)	ginia L. Dolan, M	1.D. ADDRESS.	III Pe	nn Street		
23a	BURIAL, CREMATION, REMOVAL	236. DATE / 236. NAM	E OF CEMETERY OR CREMA	RY 23d LC	OCATION	ACOUNTY /	WY O
24	MENATION . PUNERAL DIRECTOR	1/30/811 26	CURITY FA	1250, DATE REC'D BY	PRESISTRAR 1256 REGIS	STRAR'S SIGNATURE	MA
-	Do its for	POO DERESS	les wol		21	0 0	
	TICILO 1000	- mac Maney	CONCUSATION	AUG 3	1981		76.



/1	Items 21c. Film#G558 STATE OF MARYLAND	
4	STATES - 26-81 AL DEPARTMENT OF HEALTH AND MENTAL HYGIENES	3 2 3
1	REGISTRAR MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.	
	DECEASED NAME [PROT MODIE 120. DATE KNOWN MONIM OF ESTI-	DAY YEAR 26 HOUR
1	MICHAEL MICHAEL DEATH MATED 07	8 1981 M
3. 5	SEX 4 RACE) S. DATE OF BIRTH 6 AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS. 20. DATE MONTH	DAT TEAR 28 HOUR
	1 0 29 61 19 YRS. DEAD 7 - C	8 1981 M
7a.	1. BIRTHPLACE (STATE OR FOREIGN COUNTRY) 8. MARRIED 9. BALTIMORE CITY OR COUNTRY)	TY OF DEATH
2	MARYLAND USA WIDOWED DIVORCED CARROLL	MD.
10.		12b. KIND OF BUSINESS OR INDUSTRY
10	YKESVILLE RT. 32 POEKALE HANDLER	DELIVERY
US	SYAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) B. STATE 136. STREET ADDRESS 137. CITY OR YOWN 138. INSIDE (ITY LIMITS? 130. STREET ADDRESS)	
)	D MEROLL Westminto YES NOX 3701 KAIN BOW 2	de
14.	FATHER'S NAME	7
0	JOSEPH L. FIGARATTO ALECIA A	DALE
160	WAS DECLASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS	VAUL
	(YES, NO, ORUNKNOWN) (IF YES, GIVE WAR OR DATES) NO O16-52-4477 JOSEPH FIGARATIO - WEST.	TER MAN
F	18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)	APPROXIMATE INTERVAL
	PARTIDEATH WAS CAUSED BY: ARBAN I MAN DE FOLSA	BETWEEN ONSET AND DEATH
	9520 IMMEDIATE CAUSE (a) OP AS A CONSEQUENCE OF	
	Canditions, if ony, which	
	gave rise to immediate (b)	
П	lying couse last.	
	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).	1
Z		
CEPTIFICATION	190. DATE OF OPERATION 190. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY?
1 2		
1 5	210 EXTERNAL CAUSE WAS 210. TIME OF INJURY 211. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART LOR PA	YES NO
		ear seat.
MEDICAL	CONTRIBUTING CAUSE OF DEATH P.M. 19 Vacumm hose from exaust to really location	Car bear.
A	WHILE NOT WHILE STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN CO	OUNTY STATE
	22a. I certify that I took charge of the remains described above, held on Autopsy , Inspection , Inquiry , and in my o	pinion
	deoth resulted from: Natural couses . Accident . Suicide . Homicide . Undetermined monner .	
	TITLE (SPECIFY)	1/6/01
1	ACTUAL SIGNATURE MEDICAL EXAMINER SIGNI	ED //8/Y/
	EXAMINER'S NAME	1
200	(TYPE OR PRINT)ADDRESS	
23a	a. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION CITY OR TOWN COU	NTY STATE
230	BURIAL 7-11-81 PINE GROVE CEMFIERY BROWN FIELD OXF	A. A. A.
24.	I. FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S	
1	HARRY W. HAIGHT Supersylle MJ) 21754 JUL 9 1981 Rame	Jan Warther

MITTER STATE OF THE STATE OF TH DATE OF THE SECOND OF THE SECO the state of the first of the flat of the form of the state of the

2	1	DEPARTMENT OF HEALTH AND MENTAL HYGENE 8 5 2 /
9	e ÷	CERTIFICATE OF DEATH
moy b	e Dep	DECEASED-NAME First Middle Lost O. DATE OF DEATH ON DOY 15 Year 1445 Manth Doy 15 Year 1445 Manth
h. Poge	eral director, with the Stat	SEX Female 4. RACE S. DATE OF BIRTH Feb. 5, 1907 6. AGE (In years if under 1 year if under 24 Hrs. Months) GAYS HOURS MIN
after death.	30	d' BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? B. MARRIED NEVER MARRIED 9. COUNTY OF DEATH Curroll Md
90	should be fi	U. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital learning most during
Within 24	d 2 sh d 2 sh offer	3d. USUAL RESIDENCE (Where deceased lived, if institution: Residence before dmission) STATE Md. 13b. COUNTY Balto. Reisterstowns No 64 Main Street
MARY!	completely formal property of the Course of	4. FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle Lost Unknown Unknown
LTIMORE, M.	with 2	60. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, non pounknown) (If yes give war ar dates of service) 16b. SOCIAL SECURITY NO. 214-05-9538 17. INFORMANT Mrs. Virginia J. Saffell Reisterstown, Md.
ESTON STREET, BA	attending physic remave carban 1, and in any ev	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave is a immediate cause (a), stating the underlying cause (b) DUE TO, OR AS A CONSEQUENCE OF
301 W. PR	igned by the	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(a) Bronchogenic carcinoma
ECORDS, 3	S permit	190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? YES NO CAUSES OF DEATH? 21b. TIME OF INITIALY 12b. TIME OF INITIAL
VITAL REC	of has burial.	ar continuorine ☐ CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, natily medical examiner) P.M. 19
YSICIAN:	the burion to	While Not while at work at work
Z	After this or use as Hygiene	22a. I certify that (I) (this haspital) attended the deceased fram
OR ATTEND	defached fo	226 SIGNATURE S. Harring DEGREE PHYS. DIRECTOR D
HOSPITAL of torned by t	₽ e f	22d. PHYSICIAIS NAME (Type) South S. HARSURY up 22e. ADDRESS 8 and st wastured.
TO HOS	shauld of Heal	3a. BURIAL, CREMATION, 23b. DATE July 18,81 23c. NAME OF CREMETERY OR CREMATORY Baltimore, Md. (County) (State)
Jet DHMH.	16 1/71 30M (VR A15 (4))	4. HUNERAL DIRECTOR Eline Funeral Home Reisterstown, Md. 21136 DATE JUL 2 198 25b. REGISTRAR'S SIGNATURE PLANTED AND ALL STATES OF THE PLANTED AND ALL STA

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100					STATE OF MARTLAND	13 8	1 0 3 0 0
20	000	1	FOR STATE	DEPART	MENT OF HEALTH AND MENTAL	HYGIENE &	10027
		11	REGISTRAR		CERTIFICATE OF DEATH	956 NO	
	-	DEC	EASED NAME FIRST	MIDDLE	LAST	REG. NO. 20 DATE OF DEATH MON	TH DAY YEAR 26 HOUR
m =	-,13		OR PRINT!	211 11 11	T / AHAH	THE DATE OF BEATT	21 01 1/21P
0 4			JUSER	TT HAMILTON	While of	2.	26 81 1634
o E		3 SEX	4	RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY	
4 (587)			THILE	1.11+	MONTH DAY YEAR	111	MONTHS DAYS HOURS MIN.
90 118			11/AIE	WAILE	1 10 1911	67	YRS
é <u>7</u> 0	51		THPLACE (STATE OR FOREIGN 78	CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	BALTIMORE CITY OR C	DUNIT OF BEATH
death. funeral	2)		md	115A	WIDOWED DIVORCED		MD.
p 34	0	10 CI	Y OR TOWN OF DEATH	1. NAME OF HOSPITAL, NURSI	NG HOME OR OTHER INSTITUTION	12a USUAL OCCUPATION	126. KIND OF BUSINESS OR
d the	100	1)	+ +	(IF NOT IN SUCH FACILITY, GIVE STREET	1 1	(TYPE OF WORK FOR MOST OF WO	RKING LIFE) INDUSTRY
MARYLAND 21201 ed within 24 hours of mpletely filled in by and 2 should be file	800	1/5	SIMINSIER	CARROLL COL	inty (TENERA)	JEGISTATURE	md. Ger/1
d in	000	130. S	L RESIDENCE (IF NURSING HOME OR O	THER INSTITUTION, GIVE RESIDENCE BEFOR	N 13d INSIDE CITY LIMITS	S? Ise STREET ADDRESS	-1
LAND 2 hin 24 h	35	*	Md CAN		LETER YES TO NOT	97 W GR	FED STREET
Phin shin	e e	I FA	THER'S NAME	II-LJ/MI	15 MOTHER'S MAIDEN		/
with with d 2	E/_/		All MI	DOLE	FIRST	MIDDLE	TAST LAST
med uted to a complete	00/0C		NOSEPH	H HAb72 .	OR CIAR	AE	INERS
BALTIMORE, care be execut ysicion and coppers. Pages 1 word.			AS DECEASED EVER IN U.S. ARM ES, NO OR UNKNOWN] (IF YES, GIVE W		JRITY NO. 17 INFORMANT	ADDRESS	11 - 1
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ON S ding arbo	ofic	-	1481	DUE TO, OR AS A CONSEOU	ENICE OF	0	
STO			Conditions, if any, which	(All			
and de de	roon		gove rise to immediate	(b)			
A. P.	e e		cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQU		Down Ale	
that that d by eose iol, cr	o c		onderlying coose lost.	(c) Coro	homa by	track man	9
s, 20 gned on ple burn	χ, α		PART 2 OTHER SIGNIFICANT CO	INDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE T	ERMINAL DISEASE OR CONDITION	ON GIVEN IN PART 1(0)
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., NG PHYSICIAN: The low requires that the death certific a chanding physician. When this certificate has been signed by the attending plass the burial-transit permit. Then please remove carbane th and Mental Hygiene prior to burial, cremation, or remaining the prior to burial the prior to be prior to burial.	Annle	S I	artoriosolos	stic hear	disease		
beer mrt.	ouó.	CERTIFICATION	190 DATE OF OPERATION	TIPE CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY? 20	b. IF YES, WERE FINDINGS USED
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ON OF VITAL RE VSICIAN: The lo ding physician. s certificate hos ourial-transit peri	Shows	Ē				YES NO	YES NO
N OF VITA SICIAN: Ti ng physicic certificate rical-transi	0	U	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY HOUR A.M. MONTH D		CURRED (ENTER NATURE OF INJURY IN	ITEM 18, PART) OR PART 2]
N OF VI	Hem /	AL	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	P.M.	19		
ANS CE CE PRINCE AND CE	io ii	MEDICAL	21d INJURY OCCURRED	210 PLACE OF INJURY	211 LOCATION		
//SIOP PHY rending renthis the bu	0	WE	WHILE NOT WHILE	(AT HOME, STREET, FACTORY, OFFICE,	FARM, ETC.) STREET	CITY OR TOWN	COUNTY STATE
No of the	marke		AT WORK		m lland	21 7/26	21
0 0 0	S B		220.1 certify that (I) (this hospita		. 19_	51 to	. 19 6 L, that (I) (we) last
m 5 0 1 1	7		saw the deceased alive an above. (1) (we) (did) (did par)	199	and that in (my) (por) opin	nion death occurred an the date o	and hour and from the causes stated
R A A hosp	5		NATURE	view the body offer death.	DEGREE		22c. DATE SIGNED
0 1 0 00	- H	(231.6 6	m []	ATTENDIN ATTENDIN	G MEDICAL STAFA	1 17126181
TAL Y TH RAL den ore	=	7	- AM SA	persona	PHYSICIA	N DIRECTOR PHYSICIAN	10001
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ine in the state of the state o	ŏ	-					
TO HOSPITAL (retained by the TO FUNERAL E should be deta	₹ -	03 0	UDIAL COSMATION DEVICE	00 P . 75	NAME OF STREETS OF STREET	PRY 23d. LOCATION	
			URIAL, CREMATION, REMOVAL	236 DATE 23c.	NAME OF CEMETERY OR CREMATO	CITY OR TOWN	COUNTY // STATE
Leh BP	-		DURIAL	1-29-81	INE CREEK	MEW Winds	OR CARROLL MICH
DHMH-16 50M 7/77	,	24 FU	NERAL DIRECTOR	- 44 A (DANE)	250.	HERECH BY REGISTRAR 256	REGISTRAP'S SIGNATURE
(VR A 15 (4))			Robert K.O.	Onlla S. n	les Traviles Med.	A #	a lasten

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FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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9	33	REGISTRAR			CERTIFICAT	TE OF DEATH	1	REG. NO).			
		CEASED NAME FIRST	WIDDIE	- 11	LAST					AY YEAR	26 HOUR	_
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	1. SE)		4 RACE	5	DATE OF BIR	TH DAY YEA		AGE (IN YEARS LAST BIRT	- American	ONTHS DAYS	IF UNDER 24 HR	_
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		ATHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHA		MARRIED -	NEVER MARRIE		BALTIMORE CITY OF	COUNTY	OF DEATH		
-	1	1ARYLAND	U.S.A.		WIDOWED 2			CARRO	22		N	۸D.
	10 CI	ITY OR TOWN OF DEATH	11. NAME OF HOSP	ITAL, NURSING		HER INSTITUTIO		126 USUAL OCCUPATION			F BUSINESS O	R
0	5	YKESVILLE	SYKESV	ILLE EL	DERC	ARE		Housewil		HOP	IE	
pi		AL RESIDENCE (IF NURSING HOME OF	- City	CITY OR TOWN.	MISSION)	INSIDE CITY LIM	urs? I	3e STREET ADDRESS				_
5	M	at .	RROLL S	VKESUI	LLE YES		_ /		35T A	VE.		
-4	14 FA	ATHER'S NAME	MIDDLE	LAST	15. A	AOTHER'S MAID	ENNAM	E MIDDLE				
20		JAMES	MIDDLE	BROWN	j	ALICE		WIDDLE		01.1	DHAN	7
1		VAS DECEASED EVER IN U.S. AR		SOCIAL SECURIT	TY NO. 17 H	VFORMANT		ADDRE	SS	-		_
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		18. CAUSE OF DEATH Enter of	nly one couse per line	focto tu unda			0777	7112/11/21	7	APPROXI	MATE INTERVAL	- A
		PART I. DEATH WAS CAUSE		Ca B	west	- Qu	nlai	lived mike	e Reche	9	INGEL AIND CEATE	
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		Conditions, if any, which	DUE TO, OR AS	A SONSEQUENT	CE OF	reduce.	· K	allure, F.	1.7	3	7/20	
		gave rise to immediate	(6)	7011			0	per per	- Line	7		_
		cause (a), stating the underlying cause last	DUE TO, OR AS	A CONSEQUEN	CE OF					100		
	1	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTE	IBUTING TO DE	ATH BUT NOT	PELATED TO TH	IE TEDANIN	IAI DISEASE OR COND	ITION CIVE	NI INI DADI 1		=
	Z	THE STORM SOUTH TO ALL THE	20110110110 <u>COUNT</u>	CIBOTINO TO DE	ATT BOT NOT	KEERIED TO TH	IL I L KAVIII	AL DISEASE OR COND	IIION GIVE	IN IIN FAKT 1 0		
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1		OR CONTRIBUTING CAUSE OF DE		MONTH DAY	YEAR							
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	WE	WHILE NOT WHILE		ACTORY, OFFICE, FARA		STREET		CITY OR TOY	VN	COUNTY	STATE	
		AT WORK AT WORK	2 15 - 45 - 45 - 45 - 4		196	<u> </u>		7-6		91		_
		22a I certify that (I) (this hosp: sow the deceased alive an	0 /	reased from		. 17	ninan de	eath occurred on the da	to and have		hat (I) (we) la	st
		abave, (1) (we) (did) (did no 22b. SIGNATURE	t) view the bady after	death.	DEGR		pinion de		re and naor	22c DATE		_
		III. SIGNATURE	15 11.	112		ATTEND	ING	MEDICAL STAF	F	120. DATE	Q I	
_		22d. PHYSICIAN'S NAME (TYPE O	6 180	el	M D	PHYSIC	IAN P	DIRECTOR PHYSICI	AN 🗌	1-1	10-	_
		116 A A O	DR PRINT	1/1 4		Sul/	FIV	1115	md			
		HOWAX.	DE CY A	the w		3/11	L J V		110			
	23a B	BURIAL, CREMATION, REMOVAL	236 DATE	23c NA	ME OF CEMET	ERY OR CREMA	TORY	23d LOCATION CITY OF TOWN		COUNTY	STATE	
	B	PURIAL	7/8/81	Pa	RSON-	S CEME	TERY	SALASBU	3 How W		comp	
	24 FL	INFRAL DIRECTOR				2	So DATE	REC'D BY REGISTRAR	IN REGISTR	AP'S SIGNATI	IDE	

Sydewell Ind.

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5 4 65		Male	W	hite		July	21, 19	81	last birthday)	MONTHS DAYS	HOURS MIN
■ a (\$10) 7 (70.	BIRTHPLACE (Stote or foreign			8. MARRIED	NEVER MARRII	9. CC	DUNTY OF D	EATH		Albert.
2005	cau	Maryland	u.s	i.A	WIDOWED				Carroll		Md.
ille pa	10.	ITY OR TOWN OF DEATH	11.N/	ME OF HOSPITAL OR INS					Kind af wark dane	12b. KIND OF B	
PHYSICIAN: The low requires that the deoth certificate be executed within is enspiral or attending physicion. In sertificate has been signed by the ottending physicion ond completely fille stoched for use os the burial-transit permit. Then please remove carbon particulation to Health prior to burial, cremation, or removal, and leanny event, within Dept. of Health prior to burial, cremation, or removal, and leanny event, within		Westminster	give	ETPOTI Co	unty	General	during most of	f working lif	e, even if retired.)	INDUSTRY	5-11
ed v	13a.	USUAL RESIDENCE (Where of	deceased lived institut	ion: Residence befare	13c, CITY OF	TOWN 13d	I. INSIDE CITY LIMITS?	13e. STRE	ET AND NUMBER 36	Sullivan	RA
d e e	adm	ission) STATE	13b. COUNTY			Y	ES NO	We	stomaster		
ond co	14.	ATHER'S NAME First	Middle	Last	ı	S. MOTHER'S MAID	EN NAME First		Middle		Lost
a 2 2 00	P	Randy		Humber			Sus	an	Lynn	Ga	rrett
ate kicion icion and and		WAS DECEASED EVER IN U.S		16b. SOCIAL SECURITY I	10. 17.	INFORMANT			Address		
hysi ol,		es, no, or unknown) (If ye	es give wor or dates of service)	ALIEN-VIII							
th certificating physicaling physical removol,		18. CAUSE OF DEATH (En	ter anly one cause per lit	ne for (a) (b) and (c)	1					APPROXIM	ATE INTERVAL
he deoth ce tottending i permit. The		DADY A DEATH INIAE	CAUSED BY: IMEDIATE CAUSE (a)	fance.	/	260	Glanes	12		BEIMFEN ON	SET AND DEATH
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that the don. by the ott transit per cremation,	15	Conditions, if any, which o		S A CONSEQUENCE OF	. 11					1094	
n sit		rise to immediate cause	(o), (b)	TA CONSEQUENCE OF	Helia	out		//			
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equires physic signed burial, burial,			T CONDITIONS CONTRIBUIL				MILL ON		AL DADT 1/ 3		
OR ATTENDING PHYSICIAN: The low requires the be retained by the hospital or attending physicion. DIRECTOR: After this certificate has been signed by le 3 should be detoched for use os the burial-traied with the State Dept. of Heolth prior to burial, cre		PART 2. OTHER SIGNIFICAN	II CONDITIONS CONTRIBU	ING TO DEATH BUT NO	JI KELAIED I	O THE TERMINAL D	DISEASE OKCONDI	TION GIVEN	N PAKI I(a)		
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tten ds b os prid	CERTIFICATION	190. DATE OF OPERATION	190. CONDITION FOR WIT	ICH OPERATION WAS PE	Krukmed	2Da. AUTOPS			ES, WERE FINDINGS CO OF DEATH?	NZIDEKED IN CER	CHEYING
e he holl	FRT	21a. ACCIDENT WAS UNDE	DIVING LOS TIME OF	THE INTERNAL PROPERTY.	100 10	YES	NO 🗌				
al al al for He He		OR CONTRIBUTING CAUSE		Manth Day Year	21c. H	OW INJURY OCCUR	RED (Enter notu	ure at injury	in Part 1 or Part 2, I	tem 18.)	
Sicility spirit	MEDICAL	(If either, notify medical e	exominer) P.M.	19							
G PHYSICIAN: The low rather hospital or attending this certificate has been detoched for use os the te Dept. of Heolth prior to	1	21d. INJURY OCCURRED While Not while	21e. PLACE OF INJURY	OFFICE BUILDING, ETC.	10RY.) 21f. L	OCATION Street of	ır R.F.D. No.	City o	Tawn	Caunty	State
te D		ui waik ai waik									
d by th d by th After t d be de		22a. I certify that (I) (this hospital) ofte	ended the decease	d from	J 41 - 4 to / \		., ta	, 19	, that	(I) (we) lost
TENDING ined by the OR: After i		Touses stated a	bove, (I) (we) (did)	(did not) view the	ody after	d inoi in (my) deoth	(aur) opinion	aeath oc	curred on the do	e and haur a	nd fram the
R ATTEI retaine reCTOR: 3 shoul		22b. SIGNATURE	3010, (1) (We) (did)	para mony view mic	Jouy and	dcom.			22c F	ATE SIGNED	7
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RAI Pe			chard Jone	es M.D.				ountr	General	Honnit.	-1 T
TO HOSPITAL OR ATTEN Page 4 may be retained TO FUNERAL DIRECTOR: director, page 3 should should be filed with th	230		23b. DATE	23c. NAME OF	CEMETERY OF				(City or Town)	(Caunty)	(State)
Pog Chine Sho sho	200.	REMOVAL (Specify)	LOD. DAIL								, ,
	24	FUNERAL DIRECTOR 1	0000	ADDRESS	JII CC	unty Ge	Se RED BY REC	GISTRARO 1	minater C		Md.
VR A15 (4) 30M REV. 1/68	-"	(h	alterny	444		2.	2320	1301	200000	- Trans	Ann .
		Charles Gra	i, Adminis	strator		U	ATE .				

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NO	1		STATE OF MARYLAND	2 2	0 7 7 2
14	FOR STATE	DEPA	RTMENT OF HEALTH AND MENTAL	HYGIENE 8	0 3 3 4
	REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
	1. DECEASED NAME	FIRST MIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
y be	(TYPE OR PRINT)	R&Derick Mich	ge/ KORMAN.	July 14	1981 1457m
moy and	3 SEX	4 RACE	5. DATE OF BIRTH MONTH DAY YEAR	6 MGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS MIN.
e de la	11/78	CAUCASION	09 05 06		'RS.
deoth. Po	BIRTHPLACE (STATE OR F	1111.	MARRIED NEVER MARRIED WIDOWED DIVORCED	9 BALTIMORE CITY OR COL	OL CO MO.
· · · · · · · · · · · · · · · · · · ·	10 CITY OR TOWN OF DE	ATH 11. NAME OF HOSPITAL, NUI	RSING HOME OR OTHER INSTITUTION REET ADDRESS OF THE STATE	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK APPENTER	126. KIND OF BUSINESS OR INDUSTRY CONSTRUCTION
ND 2120 24 hours illed in th	USUAL RESIDENCE (IF NUR	SING HOM OR OTHER INSTITUTION, GIVE RESIDENCE BI 11. OUNTY 113c CITY OR T	FORE ADMISSION) OWN° 134 INSIDE CITY LIMITS		y Rbill Rd.
YLAN thin 3 thin 5 2 shou	14. FATHER'S NAME	"BAHIMOUT REIS	YES NO D		1 1-1-11 1
MAR) ted with the property of	FIRST EDE	PULK MIDDLE KOY	MAN FIRST	Anna L.	France
PRESTON ST., BALTIMORE, MARYLAND 21201 he deoth certificate be executed within 24 hours of the ottending physician and completely filled in by emove carbonpopers. Pages 1 and 2 should be from motion, or removal. Tricoumotic event, the medical examinal must be	160 WAS DECEASED EVER	(IF YES, GIVE WAR OR DATES) 212-0	3-0033 MAY K	orman 12el	herry Hill Rd. W.
ricote b popers novol.	18 CAUSE OF DEA	TH (Enter only one couse per line for (o), (b)	, and (c)		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
VST., BAI certificate mg physici bonpope r removal.	PART I. DEATH V	VAS CAUSED BY: IMMEDIATE CAUSE (0)	biroton months	rem	
ON S:	4960	DUE TO, OR AS A CONSE	QUENCE OF		
PRESTOI he death he ottend emove co motion, o	Conditions, if ony		in abstruction &	ulwaray Duces	
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thot thot d by eose ol, cr or oth	underlying cous	e lost.			
rres in pli burn		NIFICANT CONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELATED TO THE T	ERMINAL DISEASE OR CONDITION	GIVEN IN PART 1(0)
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TALR The lacton. The lacton. The lacton. The lacton. The lacton.		The Court of the C	Tall HOW IN HURY OC	YES NO	YES NO
SION OF VITAL PHYSICIAN: The ending physicio this certificate P te buriol-tronsit ad Mentol Hygie d or frem 18 sho	OR CONTRACTOR	110110 4 11 11001711		CURRED (ENTER NATURE OF INJURY IN ITE	M 18, PART 1 OR PART 2}
SICIA ng pl certif certif ventol:	(IF EITHER, NOTIFY MEDI	CALEXAMINER) P.M.	19		
IVISION OF IC PHYSICIA Ottending pt ter this certifi s the buriol:n ond Mentol rked or frem	(IF EITHER, NOTIFY MEDI-		ICE, FARM, ETC] 21f. LOCATION STREET	CITY OR TOWN	COUNTY STATE
DIVISI ING Protect of the cost	AT WORK AT W	ORK (AT HOME, STREET, FACTORY, OFF			
3 0 E		(this hospital) attended the deceased from		1 , 10 July 14	, 19, that (I) (we) fast
12 of 0 0 12	sow the decea obove, (I) (we)	(did) (did not) yew the body ofter/deoth.	9 5, ond that in (my) (our) opin	nion deoth occurred on the date on	d hour and from the couses stated
A H S e d	22b. SIGNATURE		DEGREE		22c. DATE SIGNED
75 75 9 7	1 /s	The S. Hardun	ATTENDIN PHYSICIAL		7/14/81
HOSPITAL ined by th FUNERAL wild be deten to the Stote over a very state.	22d. PHYSICAN'S N	AME (TYPE OR PRINT)	22. ADDRESS		, , , , , , , , , , , , , , , , , , , ,
	0	HW S. NARSM	EY 140. 8 auch	~ St. Westin	te, md. 21157
should with IMPO	23e. BURIAL, CREMATION	, REMOVAL 23b. DATE	THE NAME OF CEMETERY OR CREMATO	RY 23d. LOCATION	I some I set I
-11	(SPECIEV)	August 6.	0110.70	CITY OR TOWN	COUNTY
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4				DE	PARTMENT OF	HEALTH AND		HENE	18	2 0	0
4 may be	poods 3		CEASED-NAME First ype or print) Rob	ert	Middle Aloysius	lost Kuhn	20	DATE OF DEATH	2 9ay	<u>Par</u>	26. HOUR 6:45PM
h. Page	(M)	3. S	x Male	4 RACE White	e	S. DATE OF Sept	BIRTH . 19, 1903	6. AGE (In ye	0013		F UNDER 24 HRS. HOURS MIN
after death.	35		BIRTHPLACE (State or foreign	76. CITIZEN OF WHAT C	14/	ARRIED NEVER M	ARRIED 9. CO	OUNTY OF DEATH	rroll		Md.
90	should be er death.	T	Testminster	dine street		General	Hostung most of	CUPATION (Kind of working life even if re	k done 12 etired.)	b. KIND OF BUILDUSTRY	USINESS OR Bakery
RYLAND 2	filled 2 shows		USUAL RESIDENCE (Where deceo ssion) STATE Liaryland	13b. COUNTY 10	Residence before 13c.	CITY OR TOWN estminste	YES NO	13e. STREET AND NUM 99 Libert	y Stre	et	
AORE, MARY executed wi	mplete 1	14.	ATHER'S NAME First Charle	Middle L.	Kuhns	1S. MOTHER'S	MAIDEN NAME First Mary		alene	We	lost
LTIMORE be execu	with the	160	WAS DECEASED EVER IN U.S. ARI es, no, or unknown) (If yes give v NO		. social security no. 6-05-7389	17. INFORMANT Anna G	race Kuhns	Ad 5 99 Libert	dress St.		
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 S PHYSICIAN: The law requires that the death certificate be executed within 24 hour antending physician.	ed by the attending physic Then please remove carban ar remaval, and in any ev	-	1B. CAUSE OF DEATH (Enter or PART 1. DEATH WAS CAUSE IMMEDI Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last. PART 2. OTHER SIGNIFICANT CO	D BY: ATE CAUSE (o) DUE TO, OR AS A (b) DUE TO, OR AS A (c)	CONSEQUENCE OF	ATED TO THE TERMIN	NAL DISEASE ORCONDIT	Insuff TION GIVEN IN PART 1(0)	ierz	APPROXIMA BETWEEN ONS Many	
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SION OF YSICIAN	certificate the burial-t prior to bur	¥	While Not while of work		OME, FARM, STREET, FACTORY.) CE BUILDING, ETC.			City or Town		unty	Stote
Ž _	After this or use as Hygiene		22a. I certify that (I) (the saw the deceased concauses stated above	live an W	198	L. and that in (my) (aur) apinian	, ta7/15 death accurred an	, 19 <u>8/</u> the date ar	, that(nd haur ar	(we) last and fram the
AL OR ATTEND by the hospito	DIRECT detach and Mo		22b. SIGNATURE 22d. PHYSICIAN S NAME (Type) Will:	n Re	Doul		DDRESS DIRECTO		22c. DATE 5	SIGNED 3//	181
TO HOSPIT,	Shauld be af Health	230.	BURIAL, CREMATION, 23b.	DATE 1-81	23c. NAME OF CEMET	ERY OR CREMATORY	23d	St. Westmi I. LOCATION (City or Tow Taneytown	vn) (Co	unty) roll	(Stote) Md.
1 20	H-16 1/71 30M (VR A15 (4))	24	FONERAL DIRECTOR	pmas D. 4 East M	H TO TABORESS~ &	Son F.H.			ISTRAR'S SIGNA	ATURE	En

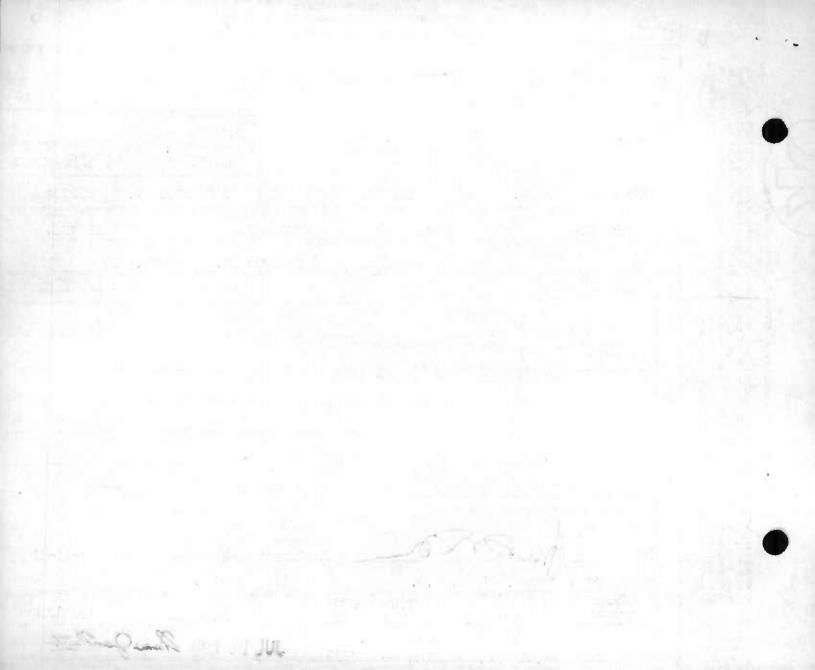
STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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X	1.	FOR STATE REGISTRAR	DE	PARTMENT OF H	OF MARYLAND EALTH AND MENTAL HY ICATE OF DEATH	GIENE 3	185	3 4
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IMORE,		VAS DECEASED EVER IN U.S. AR ES, NO OR UNKNOWN) (IF YES, GIVI		L SECURITY NO. 0-2465	Edith Maste	826 ADDRES		1. 21157
reguires that the death certification signed by the attending physical probabon to buriol, cremation, or removaliury, or other traumatic event,	NO	PART I. DEATH WAS CAUSE IMMEDIA! Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost PART 2 OTHER SIGNIFICANT (DUE TO, OR AS A CON (b) DUE TO, OR AS A CON (c)	NSEQUENCE OF	heart Jack	MINAL DISEASE OR COND		NXMATE INTERVAL N ONSET AND DEATH
TAL RECOR	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR	WHICH OPERATIO	N WAS PERFORMED	200 AUTOPSY? YES NO	206. IF YES, WERE FIND IN CERTIFY ING CAUSI YES	INGS USED S OF DEATH?
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ATTENDE ospitol or ECTOR: A rd for use it, of Heol	×	WHILE NOT WHILE AT WORK 22a.1 certify that (1) (this haspus sow the deceased alive on above, (1) (we) Idid) (del not 22b. SIGNATURE		from	d that in (my) (our) opinion	n death occurred on the dat	28, 19 8/ te and hour and from the	, that (I) (we) lost
ERAL DI ERAL DI ERAL DI Stote De ANT: If H		224 PHYSICIAN S NAME (TYPE O	S Darshy	om /	ATTENDING	MEDICAL STAFF DIRECTOR PHYSICI	71.	28/8/
TO FUNE should be with the S	22- 1	JOHN	S. HARSI	4 Ey mp	8 auch	123d LOCATION	estimate	, und.
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4	(TYP	E OR PRINT)	RICHAR	D	M ETT	PO	SNER	OF ESTI- DEATH MATE	7	? 198	1
1	3. SEX		RACE	5. DATE OF BIRTH	N.EIL				MONTH	DAY YEAR	
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	Ja BI	RTHPLACE (STATE	E OR	76. CITIZEN OF WE	IAT COUNTRY?	8. MARRIED	NEVER MARRI	BALTIMORE C	TY OR COUN	TY OF DEATH	
4		MARYLAN	ND	USA		WIDOWED			County		A/
i	10_CI	TY OR TOWN OF	DEATH	11. NAME OF HOS	PITAL, NURSING HOME	, OR OTHER	INSTITUTION	120. USUAL OCCUPATION		126 KIND OF E	
				i hertv	Reservoir			FOR CLERK)	ZEPP	РНОТО
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			DALL	10.	DALITIM	IKL	YES NOTE	3 SAMOOL	, 61.	# 2120	0
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1		VAS DECEASED E			166 SOCIAL SECURITY	/ NO. 17	, INFORMANT	BERNARD POST	FER		
ı	(4)	ES, NO. OR UNKNOWN	(IF YES, GIVE V	WAR OR DATES)	218-60-51	21	5 SAMWO		TO., MI	n 2	1208
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ı		GEIL	IMMEDIAT	E CAUSE (0)	Drowning						
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ı		PART 2 OTHER SIGNI	FICANT CONDITIONS O	(c)	UT NOT RELATED TO THE TERMI	INAL DISEASE OF	P CONDITION CIVEN IN BAR	T 1			
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J	MEDICAL CERTIFICATION	21a EXTERNAL		216. TIME OF	MONTH DAY YEAR	21c. HOV	V INJURY OCCURRED	ENTER NATURE OF INJURY IN IT	M 18 PART 1 OR PA	RT 2)	11.27
1	Y	UNDERLYING CONTRIBUTING	CAUSE OF D		7-?- 1981		f-immersion	on.			
	Ö	214 INJURY OC		71e PLACE C	F INJURY (AT HOME,	211 LOCA	TION				11 - 47
	¥	WHILE D	NOT WHILE	STREET, FACT	ory, farm, etc.) ater	STRE		CITY OR TOWN		YINU	Md.
		AT WORK	AT WORK	W	0161	Liber		/ 011	Carr	OLL	MG.
		22a. I certify	that I took charge	e of the remains desi	ribed above, held on	Autopsy	X. Inspection	lnquiry .	ond in my op	noinion	
		deoth resulted	from: Notur	ol couses ,	Accident , Sui	icide X.	Homicide .	Undetermined monner	<u> </u>		
			1	(A)	12		TITLE (SPECIFY)				
		ACTUAL SIGNATURE	M	AKY	XU			MEDICAL EXAMINER	DATE	7-11-	-81
		JOHA TURE	1/1/		/	M.D.	7722121011	MEDICAL EXAMINER	SIGNE	U	01
1		EXAMINER'S NA	ME / Yn	n M. Dixo	ń, M.D.		111	Penn St.			
Ã	-	(TYPE OR PRINT					DRESS				
	23a.Bl	URIAL CREMATIC	N, REMOVAL 2	3b DATE	23c. CHY 2UK^			23d. LOCATION CITY OR TOWN	COU	MARYL	XXID
		Q IX BXXX		7/14/81	KODXDXOD	XXXXXX		BALTIMORE			AND
	24 Ft	UNERAL DIRECTO	SOI.	LEVINSONS	& BROS., IN	VC.	250. DATE R		SEGISTRAR'S S	GIGNATURE	-
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			SISTERST	OWN RD		- / 1 / 1					



DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO ANDDLE LAST 20. DATE OF DEATH MONTH 1. DECEASED NAME YEAR 25 HOUR (TYPE OR PRINT) Goldie Tiee Roberts 6 3 SEX 4 RACE S. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS MONTH YEAR White 26 30 Female To BIRTHPLACE ISTATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED T NEVER MARRIED COUNTRY ennessee WIDOWED DIVORCED Carroll NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 10 CITY OR TOWN OF DEATH 12a USUAL OCCUPATION TYPE OF WORK FOR MOST OF WORKING LIFET Bucher John seamstress factory Union Bridge BALTIMORE, MARYLAND 2120 USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 136 COUNTY 13e STREET ADDRESS 13d INSIDE CITY LIMITS? Union Bucher John Rd. Carroll Bridges Marvland IL FATHER'S NAME 15 MOTHER'S MAIDEN NAME LAST MIDDLE FIRST MIDDLE Mullins Charlie Moore Pearl Hopks Bucher John Rd. 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17. INFORMANT (YES, NO OR UNKNOWN) I (IF YES, GIVE WAR OR DATES) Roberts Union Bridge. Russell No none 18 CAUSE OF DEATH (Enter only one couse per line for 10), (b), and (c). PART I. DEATH WAS CAUSED BY: W. PRESTON ST., IMMEDIATE CAUSE (D) ŏ DUE TO, OR AS A CONSEQUENCE O Conditions, if any, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse 301 PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEAST BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 10 DIVISION OF VITAL RECORDS, CERTIFICATION 0 prior ony 9a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20e AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 18 shows NOL YES NO [ronsit | Hygie 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 71a. ACCIDENT WAS UNDERLYING HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH ond Mentol MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. ō 21d INJURY OCCURRED 21e PLACE OF INJURY 21f. LOCATION CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE WHILE AT WORK 22a.1 certify that (1) (this hospital) attended the deseased from sow the deceased alive an. , and that in (my) (our) opinion death occurred on the date and hour and from the causes stated obove, (1) (we) (did) (did not) view the body ofter death. 226 SIGNATURE DEGREE 22¢ DATE SIGNED ATTENDING Should be detor with the Stote D PHYSICIAN DIRECTOR PHYSICIAN MPORTANT. 22d. PHISICIAN'S NAME (TYPE OR PRINT) 23a. BURIAL, CREMATION, REMOVAL 231 NAME OF CEMETERY OR CREMATORY 235 DATE (SPECIFY) Frederick Burial CemeteryWoodsboro 24 FUNERAL DIRECTOR DHMH-16 60M 1 73 (VR A 15 (4))

STATE OF MARYLAND

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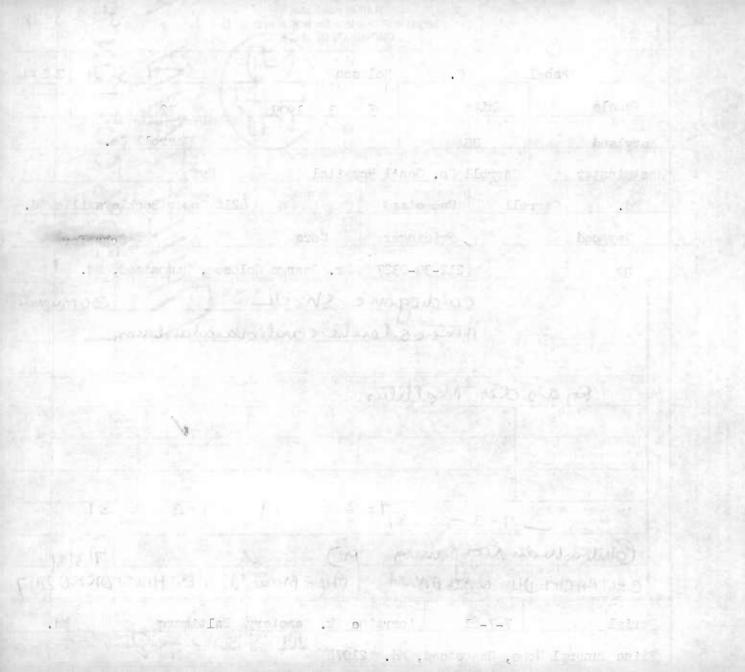
Eline Funeral Home, Hampstead, Md.

FOR

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE



STATE OF MARYLAND

20-0-20 CASE WE WILLIAM STORE - TENNING BY SELVE AS STREET, SEE STREET, SEE SEE SEE SEE Their participal

WESTMINSTER, MD.

PRITTS FUNERAL HOME

STATE OF MARYLAND

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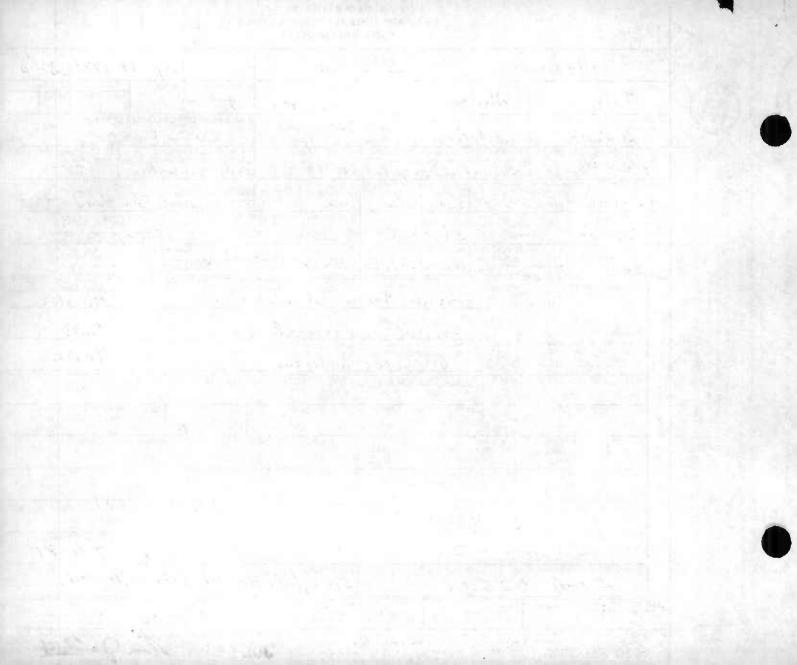
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STATE OF MARYLAND

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			CEASED NAME FIRST		WIDDLE	LAST		2a. DATE KNOWN OF ESTI-	MONTH	DAY	YEAR 26 HOUR
	EL RS SE CE		JOHN		R.	SHIPLE	Y . JR.	DEATH MATED	□ 7	24 19	81 M
	PLEASE ECTOR. FILES. HOURS STREET,	3. SEX		5. DATE OF BIRT		YEARS IF UNDER 1 YR.	IF UNDER 24 HRS.	PRONOUNCED	MONTH	DAY	YEAR 26 HOUR 9:02
	NOUN NO	ma	ale white	JU146	101/2 21 21 4	YRS.	HOURS MIN.	DEAD	7	24 19	, 81 9:02
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	NOVAL. SHOWS IT, BALLIMOKE, MO. 2120 N. 24 HOURS AFTER DEATH. IF ANY DELAY IS NECESSARY, PLEASE NITEM IB. GIVE PAGES 1, 2, AND 31 OT HE FUNRANDIRECTOR. ALONG WITH FORM PM. 3. SETAIN PAGES 1 FOR YOUR FILES. IT PERMIT. PAGES 1 AND 2 SHOULD BE FILED WATHING? HOURS NOWAL.	1	md.	U.	S. A.	WIDOWED -	V	MD.			
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	TO MEDICAL EXAMINER: TI EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PAFIER DEATH, WITH THE ST BALTIMORE, MARYLAND, 2	23a. B	URIAL, CREMATION, REMOVAL	23b. DATE	23c NAME OF C	EMETERY OR CREMATO	ORY [23d. L	OÇATION			
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG NO DECEASED NAME 20 DATE OF DEATH (TYPE OR PRINT) HIEKandes 3. SEX AGE (IN YEARS LAST BIRTHDAY) IF UNDER 24 HRS White XXX 02 1906 70. BIRTHPLACE ISTATE OR FOREIGN THE CITIZEN OF WHAT COUNTRY **BALTIMORE CITY OR COUNTY OF DEATH** MARRIED NEVER MARRIED Carrolt New York WIDOWED CO DIVORCED F O CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 126 KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Delly Komager FOOD PRESTON ST., BALTIMORE, MARYLAND 2120 USUAL RESIDENCE LIF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION | 130 STATE 130 COUNTY 131 CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS 5719 Harpers tarm Road 21044 la work otumbia YES X 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME TROPIANSKY FIRST MIDDLE 10 seph XXXXXXXXXXXXXXXXX 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 6020 (IF, YES, GIVE WAR OR DATES) XXXXX LADDER COLUMBIA, APPROXIMATE INTERVAL
BETWEEN ONSET AND DEATH 21045 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and ic PART I. DEATH WAS CAUSED BY Minutes IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF Years. underlying couse lost PART 2. OTHER SIGNIFICANT CONDITIONS NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1/D CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOK NO [ond Mentol Hygin 210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 80 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 19 5 21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE NOT WHILE 220.1 certify that (1) (this hospital) attended the deceased from_ sow the deceased alive on why 1 198 obove, (h) (we) (did) (did not) wew the body after death and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 72b. SIGNATURE DEGREE 22c DATE SIGNED 4 Gin, mid ATTENDING MEDICAL STAFF should be detained with the State PHYSICIAN DIRECTOR PHYSICIAN MPORTANT: 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e. ADDRESS ZGUN 23c. NAME OF CEMETERY OR CREMATORY PENTLY AREMATION, REMOVAL BURIAL 23d LOCATION 236 DATE 7/12/81 NEW MONTEFIORE LÖNG ISLAND NEW YORK 24 FUNERAL DIRECTOR SOL LEVINSON & ABROS., INC. 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE DHMH - 16 50M 1/76 (VR A 15 (4)) 6010 REISTERSTOWN RD. BALTO., MD

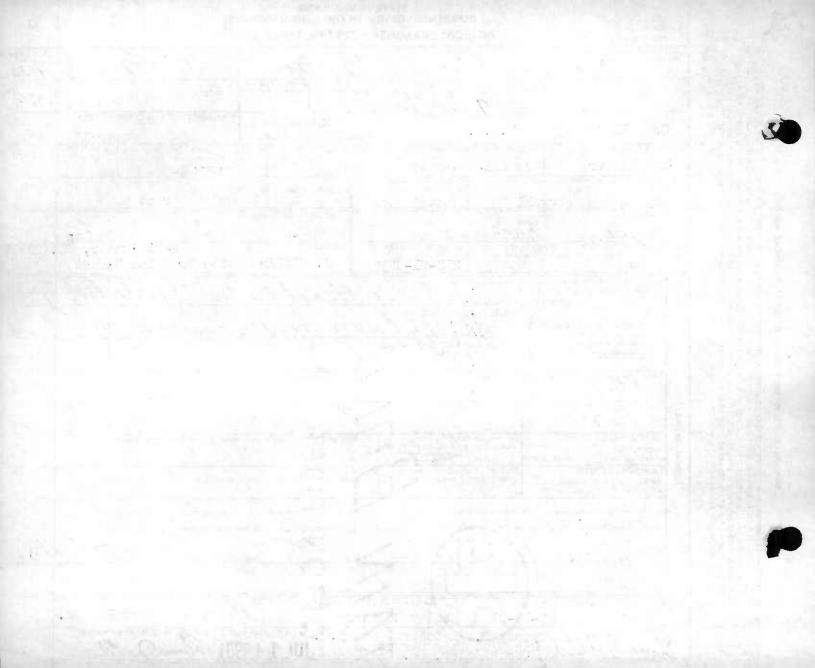


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D		1.	STATE REGISTRAR	CERTIFICATE OF DEATH REG. NO.
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T P	4 m	3. SE	Male	4 RACE White 5. DATE OF BIRTH MONTH DAY YEAR 8 AGE (IN YEARS LAST BIRTHDAY) WONTHS WONT
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MARY	ompletel 1 and 2 s		Juseph	Spapp LAST LAST LAST CATHER'S MAIDEN NAME Blanche Field
BALTIMORE	be execut an and co		/AS DECEASED EVER IN U.S. AR/ es, no or unknown) (IF yes, give	WAR OR DATES) 216033352 Charles D. Snapp Sykesville, Md.
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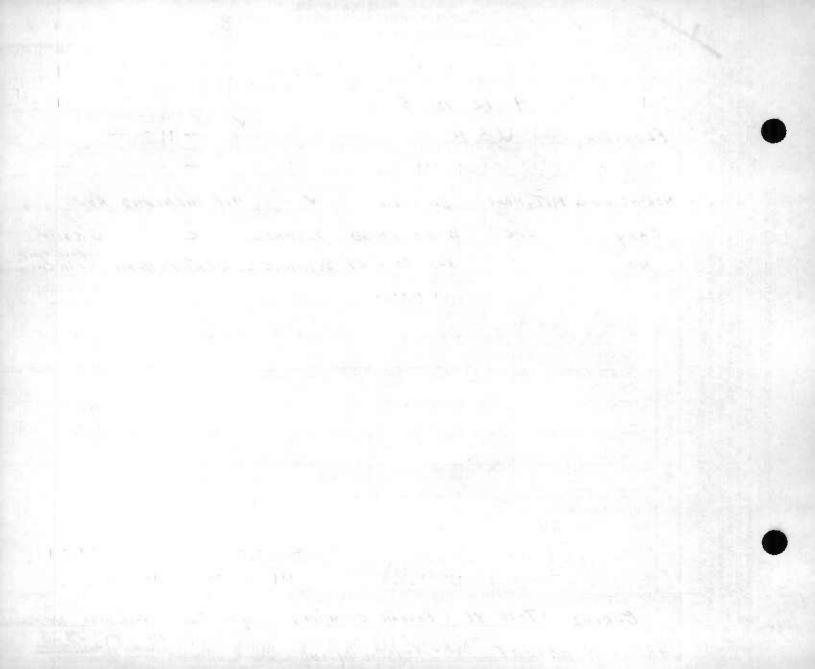
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8	HOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF ANY DELAY IS NRD "PENDING" IN PENCIL IN ITEM 18. GIVE PAGES 1, 2, AND 3 TO THE HELF MEDICAL EXAMINER ALONG WITH FORM PM. 3. RETAIN PAGE I USED AS A BURIAL-TRANSIT PERMIT. PAGES 1 AND 2 SHOULD BE FILED. OF HEALTH AND MENTAL HYGIENE, DIVISION OF VITAL RECORDS, 201 VITAL, CREMATION, OR REMOVAL.	14. FA	THER'S NAME		MIDDLE			LAST		15. MOTH	ER'S MAIDE FIRST	EN NAME	A	AIDDLÉ			LAST		
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENI MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME FIRST KNOWN [2a. DATE DAY 76 HOUR TYPE OR PRINTS OF ESTI-DEATH MATED Derek Justin Weatherhead 8 198 SEX 4. RACE 5. DATE OF BIRTH AGE IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS 7:15 DATE LAST BIRTHDAY MONTH DAY PRONOUNCED Male White DEAD 1881 YRS a a BIRTHPLACE (STATE OR 76 CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH FOREIGN COUNTRY MARRIED NEVER MARRIED LORIDIN WIDOWED DIVORCED Carroll County D. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION LTYPE OF WORK 126 KIND OF BUSINESS FOR MOST OF WORKING LIFE OR INDUSTRY GIVE PAGES 1, 2, AND 3 TO TI VITH FORM PM 3. RETAIN PAI PAGES 1 AND 2 SHOULD BE FI DIVISION OF VITAL RECORDS, 20 4526 Louisville Rd Finksburg USUAL RESIDENCE HE IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONI 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS HIGHLAND AUS NO T 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE FIRST MIDDLE WEATHERHEAD SUSANNE DIVISIONOF 160. WAS DECLASED EVER IN U.S. ARMED FORCES? INFORMANT PAGES (YES, NO. OR UNKNOWN) 245-33-8029 NO SUSANNE C. WEATHER HEAD "MOETH CARRIED IAL-TRANSIT PERMIT, P MENTAL HYGIENE, DIN, ON, OR REMOVAL CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Renal failure IMMEDIATE CAUSE (a)____ DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. CREMATION PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (d) ED AS A E CERTIFICATION ICATE, WRITING THE WORD "PER FORWARDED TO THE CHIEF M TOR: PAGE 3 SHOULD BE USED A THE STATE DEPARTMENT OF HEA AND, 21201 PRIQR TO BURIAL, C 19g DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 78 AUTOPSY? YES [] NO X 21a. EXTERNAL CAUSE WAS 716. TIME OF INJURY TIC HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M 21e PLACE OF INJURY (AT HOME. 214 INJURY OCCURRED 21f LOCATION TO MEDICAL EXAMINER: THIS CEI EXECUTE THE CERTIFICATE, WRITIN PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR: PAGE 3: AFIER DEATH, WITH THE STATE DE BALTIMORE, MARYLAND, 21201 P STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN STATE WHILE AT WORK COUNTY X 220 I certify that I took charge of the remains described above, held an Autapsy Inquiry and in my opinion Undetermined manner death resulted from Homicide TITLE (SPECIFY) ACTUAL MD Deputy Chiefedical EXAMINER DATE 7/8/81 SIGNATURE Thomas D. Smith, EXAMINER'S NAME III Penn St. Balto. MD. (TYPE OR PRINT) ADDRESS 23a.BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION 7-10-PRIVATE CEMETERY SPRUCE PILLE ROS MITCHELL 24. FUNERAL DIRECTOR **DHMH - 17** NAME ADDRESS ? (VR A15 ME (5) 15M 2/80



127		STATE OF MARYLAND	
10		FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE	8 3 5 0
A LT		REGISTRAR MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.	
Wereston Street.		CEASED NAME FIRST MIDDLE 1.5T / O 20. DATE KNOWN MO OF ESTI-	NIH DAY YEAR 76. HOUD
-		Elasance L. Whole W. D. DEATH MATED []	7 21 1981 105 M
1	3 SEX	4 RACE 5 DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS. 21. DATE MOITH DAY YEAR LAST BIRTHDAY) MONTHS DAYS HOURS MIN PRONOUNCED	NTH DAY YEAR 2 HOUR
1	/	White day 1938 73 YRS. MONTHS DAYS HOURS MIN PRONOUNCED DEAD	2/ 198/ 1/3M
		RTHPLACE (STATE OR 7b. CITIZEN OF WHAT COUNTRY? 8 9. BALTIMORE CITY OR CO	OUNTY OF DEATH
15	10	MARRIED SINEVER MARRIED WIDOWED DIVORCED CARROLL	
	10 CI	TY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF W.	ORK 126. KIND OF BUSINESS
0	5	1 KOS VI) O (IF NOT IN SUCH FACILITY GIVE STREET ADDRESS)	OR INDUSTRY
	USU	L RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)	LE CIONO
5	130,5	TATE 136 DUNTY 13 CITY OR TOWN 138. INSIDE CITY LIMITS? 138. STREET ADDRESS	11. DI
-	14 E/	THER'S NAME 15. MOTHER'S MAIDEN NAME 15. MOTHER'S MAIDEN NAME	Hena
10	34	FIRST MIDDLE MST MIDDLE MST	LAST
	4	VAS DECEASED EVER IN U.S. ARMED FORCES?	Harry
1	(Y	(AS DECEMBED EVER IN C.S. ARMED FORCES!) 5. NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES)	11 16
		No 1 19 00 1100 MERLY WITHEN DYK	esville, Ind
	113	18 CAUSE OF DEATH (Enter only one cause per linguous), (b), and (c), PART I DEATH WAS CAUSED BY:	APPROXIMATE PATERVAL HEAD ONA TRIPHO HEAVER
		IMMEDIATE CAUSE (o)	eco
		DUE TO, OR AS A CONSEQUENCE OF	
	17	Conditions, if any, which gave rise to immediate (b)	The state of the s
		couse (a) stating the <u>under-lying couse lost.</u> DUE TO, OR AS A CONSEQUENCE OF	
	377	19mg coose 10s1.	
		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 3 (a).	
	CERTIFICATION		
5	CAI	196. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY?
04	H		YES NO 🖫
2	CER	210. EXTERNAL CAUSE WAS 216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN SIEM 18 PART 1	OR PART 2)
	CAL	CONTRIBUTING CAUSE OF DEATH P.M. 19	
3 3	MEDICAL	21d. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME, 21f. LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN	country as a
	Σ	WHILE NOT WHILE AT WORK STREET, FACTORY, FARM, ETC.)	COUNTY STATE
	10		Charles Charles
			ny opinion
		death returned from Natural courses Succident Suicide , Hamicide , Undetermined manner ,	
		ACTUAL TITLE PRECIFED TO	ATE 344/8/
MOKE, MARYLAND,		SIGNATUR MEDICAL EXAMINER SI	GNED
L	-	EXAMINER'S NAME RICHARD TO DEC	ml
		(TYPE OR PRINT) NIGHT / JOHES ADDRESS (12577) 113 TEL	11/4
		JRIAL, CREMATION, REMOVAL 236. DATE 236. NAME OF CEMETERY OR CREMATORY 236. LOCATION CITY OF TOWN	COUNTY STATE
	131	RIAL 11-24-81 LAKE VIEW ELDERSBURGE	ARROLL Md
	24. Ft	INERAL DIRECTOR ADDRESS ADDR	R'S SIGNATURE
)	H	ITKKV W HAIGHT, JYNESVIIIE/11d JUL 23 1981 Manuel	Jan Harthin

Mark Street Land Barrier Contraction of the Contract Cont SALEST AND CORRESPONDED BY AND THE WAY

DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG NO DECEASED NAME E DATE KNOWN IT CTYPE OFFENST ESTI miana DEATH MATED Helen I PACE A AGE IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS DATE OF BIRTH DATE LAST SIRTEDAY PRONOUNCED White 0 DEAD Female YES TE BIRTHPLACE CHATECO TE CITIZEN OF WHAT COUNTRY? SALTIMORE CITY OR COUNTY OF DEATH MARRIED | NEVER MARRIED D FOREIGN COUNTRY Pennsylvania WIDOWED [DWORCED [II. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION The USUAL OCCUPATION (TYPE OF WORK 12% KIND OF BUSINESS OR INDUSTRY OF HIGH IN SUCH FACILITY, GIVE STREET ADDRESS: FOR MOST OF WORKING LIFE! ounty General Hosp. none none Un STATE 13b. COUNTY IN CITY OF TOWN 134 INSIDE CITY LIMITS? 134 STREET ADDRESS Maryland Carroll Detour YES [Main NO X IL FATHER'S NAME 15 MOTHER'S MAIDEN NAME Parch MODDLE AUDDOC Wolfe, Jr Helen Carrol France No. WAS DECEASED EVER IN U.S. ARMED FORCES? HE SOCIAL SECURITY NO 17. INFORMANT ADDRESS. (VES. NO. OR UNRINOWN) | | | | | | VES. ONE WAR OR DATES Carroll Wolfe, Jr. Detour. No none none 18. CAUSE OF DEATH (Enter only one course per ling for (a.g. (b.), and (c).) BETWEEN ONSEY AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (b) DUE TO CHAS A CONSEQUENCE OF Conditions, if any, which would gave rise to immediate cause (a) staiting the under-DUE TO, OR AS A CONSEQUENCE lying course lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OF CONDITION GIVEN IN PART 1 (x) 196 DATE OF OPERATION 19s. CONDITION FOR WHICH OPERATION WAS PERFORMED? 10. AUTOPSY? YES NO T 21s EXTERNAL CAUSE WAS 215 TIME OF INJURY THE HOW INJURY OCCURRED LEWISH HATURE OF HOURT IN TEM LEPART I OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING CONTRIBUTING CAUSE OF DEATH TIE PLACE OF INJURY (AT HOME THE INJURY OCCURRED HE LOCATION STREET, FACTORY, FARM, STC 1 STREET, CITY ON TOWN COUNTY STATE WHILE AT WORK AT WORK 17s. I certify that I took charge of the remains described above, held an Autopty Inspection 19 death resulted from Undetermined manner **ACTUAL** MEDICAL EXAMINER SIGNED Carfoll County General Hosp. EXAMINER'S NAME ADDRESS Westminster. Richard Jones TYPE OR PRINT) 73e BURIAL CREMATION REMOVAL 738 DATE THE NAME OF CEMETERY OR CREMATORY IJd. LOCATION Crematorium Cremation Smithsburg Washington Md 24 FLIMERAL DIRECTOR 25e DATE REC'D. BY REGISTRAR **DHMH-17** (VR A15 ME (5)) 15M.7/77

STATE OF MARYLAND

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